

WATER WELL REPORT

STATE OF WASHINGTON

30/03-25E

Application No.

Permit No.

(1) OWNER: Name Taiot Allan Watai Assoc Address 4108 S. Wilkes Gary Comm. Island Wa
 (2) LOCATION OF WELL: County Island 5th & 6th Sec. 25 T. 30 N. R. 3 W.M.
 Bearing and distance from section or subdivision corner SW 1/4 NW 1/4 Sec 25

(3) PROPOSED USE: Domestic ☐ Industrial ☐ Municipal ☒
 Irrigation ☐ Test Well ☐ Other ☐

(4) TYPE OF WORK: Owner's number of well (if more than one) 1
 New well ☒ Method: Dug ☐ Bored ☐
 Deepened ☐ Cable ☒ Driven ☐
 Reconditioned ☐ Rotary ☐ Jetted ☐

(5) DIMENSIONS: Diameter of well 6 inches.
 Drilled 231 ft. Depth of completed well 231 ft.

(6) CONSTRUCTION DETAILS:

Casing installed: 6 " Diam. from 0 ft. to 221 ft.
 Threaded ☐ " Diam. from ft. to ft.
 Welded ☒ " Diam. from ft. to ft.

Perforations: Yes ☐ No ☒

Type of perforator used Johnson
 SIZE of perforations in. by in.
 perforations from ft. to ft.
 perforations from ft. to ft.
 perforations from ft. to ft.

Screens: Yes ☒ No ☐

Manufacturer's Name Johnson
 Type SS Model No. 304
 Diam. 6 Slot size 18 from 221 ft. to 226 ft.
 Diam. 6 Slot size 20 from 226 ft. to 231 ft.

Gravel packed: Yes ☐ No ☒ Size of gravel:
 Gravel placed from ft. to ft.

Surface seal: Yes ☒ No ☐ To what depth? 20 ft.
 Material used in seal benlate
 Did any strata contain unusable water? Yes ☐ No ☒
 Type of water? Depth of strata
 Method of sealing strata off

(7) PUMP: Manufacturer's Name S.O.B.
 Type H.P. 2

(8) WATER LEVELS: Land-surface elevation 150
 above mean sea level
 Static level 150 ft. below top of well Date 8/6/74
 Artesian pressure lbs. per square inch Date
 Artesian water is controlled by (Cap. valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level

Was a pump test made? Yes ☐ No ☒ If yes, by whom?

Yield: gal./min. with ft. drawdown after hrs.
 " " " " " "
 " " " " " "

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time	Water Level	Time	Water Level	Time	Water Level

Date of test
 Baller test 20 gal./min. with 4 ft. drawdown after 4 hrs.
 Artesian flow g.p.m. Date
 Temperature of water 50 Was a chemical analysis made? Yes ☐ No ☐

(10) WELL LOG:

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

MATERIAL	FROM	TO
Clayey Sand	0	20
gravel	20	32
dry sand	32	60
" gravel	60	70
" sand	70	95
Sand + water	95	97
Clayey sand	97	166
hard pan	166	181
Sandy clay	181	220
med sand + water	210	231

Work started Aug 20, 1974 Completed Sept 6, 1974

WELL DRILLER'S STATEMENT:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

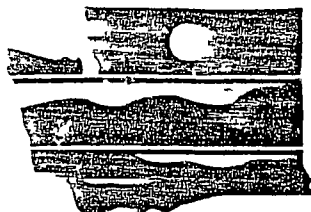
NAME Kounkel Well Drilling
 (Person, firm, or corporation) (Type or print)

Address 797 N Smith Rd. Camano Is. Wa 98292

[Signed] A. G. Kounkel
 (Well Driller)

License No. 247 Date June 16, 1977

(USE ADDITIONAL SHEETS IF NECESSARY)



WASHINGTON STATE
DEPARTMENT OF
ECOLOGY

Well Tagging Form

680608
SOZ

Unique Well Tag No. _____

AAF244

RECORD VERIFICATION (check one)

- ☐ Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you)
- ☐ Verification inconclusive
- ☐ Well Report not available

WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

First Name PT ALLEN W ADDN Last Name _____
98000-8
 Street Address _____
 City _____ State _____

LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address ACROSS FROM 4898 SCAMANO (BOTTOM OF ISLAND)
COUL WAY
 City _____ County _____
 T _____ N R _____ WM Sec _____ 1/4 of the _____

FOR AGENCY USE ONLY

Latitude _____
 Longitude _____

Elevation at land surface _____ feet/meters (circle one)

Additional information, if available

- ☐ Location marked on topographic map (please attach)
- ☐ Location marked on air photo (please attach)

- ☐ GPS
- ☐ Topographic Map
- ☐ Survey
- ☐ Computer generated
- ☐ Digital Altimeter
- ☐ Topographic Map
- ☐ Other _____

State Health

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WELL CHARACTERISTICS

Physical Description of well (size or casing type or well housing etc.)

" CASING INSIDE (20' X 10 X 15') DEANCT BEN PH

ADJ TO SRU #2 IN CLINK FENCE SITE IN

RAVINE - NOT SEEN FROM ROAD

Location or Well Identification Tag

CANY

Is supplemental tag needed for ease of identifying well?

☐

Yes

☒ No

Where was tag placed?

C	B	A
F	G	H
L	K	J
P	Q	R

Scale 1 24 000 (1" = 2 000')

Indicate the location of the well within the Section by drawing a dot at that point.

SECTION _____

Comments

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Right # _____

Date Issued _____

One Application Permit Certificate Claim Exempt